



CONTRACTORS STATE LICENSE BOARD

9821 Business Park Drive, Sacramento, California 95827
Mailing Address: P. O. Box 26000, Sacramento, CA 95826
800-321-CSLB (2752) or (916) 255-3900
www.cslb.ca.gov

STATE OF CALIFORNIA
Gray Davis, Governor

CANCELLATION NOTICE

This form may be used to cancel an individual, partnership, corporate or joint venture license. The request must be received at the Board's Headquarter's office within 90 days of the effective date of cancellation. If the date of receipt is used as the cancellation date, the license will be canceled effective that date. Should a continuance be necessary, please refer to Section 7076 of the Contractors License Law.

To cancel an individual license: The signature of the owner is required.

To cancel a partnership license: The signature of a partner is required.

To cancel a corporate license: Your cancellation request must EITHER BE: (a) signed by the president and another officer listed on our records; (b) signed by two officers listed on our records; or (c) accompanied by a copy of the company's final dissolution documents filed with the California Secretary of State.

To cancel a joint venture license: The signature of an individual listed on one of the entities is required.

FULL NAME OF BUSINESS (as it currently appears in the records of CSLB)			
LICENSE NUMBER TO BE CANCELED		DATE OF CANCELLATION	
BUSINESS MAILING ADDRESS: Number/Street	CITY	STATE	ZIP CODE
BUSINESS TELEPHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS	

On _____ at _____
date city county state

I/we certify under penalty of perjury under the laws of the State of California the above information is true and accurate.

SIGNATURE _____

Print Name _____

SIGNATURE _____

Print Name _____

FOR OFFICE USE ONLY

RECEIVED TIMELY	EXPIRATION DATE	CANCEL DATE	PROCESSED DATE	INITIALS
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